



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
SHIMIZU		Dubbie		422-2565
MAILING ADDRESS (Street)				FAX
4537 Ukali St				
(City)		(State)	(Zip Code)	
Honolulu		HI	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
NA				
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
National Association of Social Workers, Hawaii			521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd #911			521-3299
(City)		(State)	(Zip Code)
Honolulu		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dubbie Shimizu			521-1787
MAILING ADDRESS (Street)			FAX
NASW 677 Ala Moana Blvd #911			521-3299
(City)		(State)	(Zip Code)
Honolulu		HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

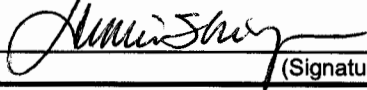
Labor & Employment

Transportation

Culture, Arts, Historic
PreservationHealthPlanning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental ProtectionHousing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1-18-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Darrin Sato

NAME OF ORGANIZATION (if applicable)

TELEPHONE

National Association of Social Workers, Hawaii521-1787

MAILING ADDRESS (Street)

FAX

677 Ala Moana Blvd #911521-3299

(City)

(State)

(Zip Code)

HonoluluHI96813*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1/25/05

(Date)